

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Palma Nova (DDDH)	CHAPTER 89
Address: 91-1276 Hoopio Street, Ewa Beach, Hawaii 96706	Inspection Date: December 17, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p>FINDINGS Resident #1 – The following medications were not transcribed to the medication administration record (MAR) for the months of November 2019 and December 2019:</p> <ul style="list-style-type: none"> • Ventoin Inhaler 2-3 puffs 4x daily PRN • Symbicort 160/45 2 puffs BID • Bacitracin ointment to affected areas BID PRN • Trintellix 20mg 1 tab daily 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Medication administration records for the months of Nov. 2019 and Dec. 2019 were transcribed completely for:</i></p> <p><i>① Ventolin Inhaler 2-3 puffs 4x daily PRN</i></p> <p><i>② Symbicort 160/45 2 puffs BID</i></p> <p><i>③ Bacitracin Ointment to affected areas BID PRN</i></p> <p><i>④ Trintellix 20mg. 1 Daily and signed up.</i></p>	<p><i>Dec. 18, 2019</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p>FINDINGS Resident #1 – The following medications were not transcribed to the medication administration record (MAR) for the months of November 2019 and December 2019:</p> <ul style="list-style-type: none"> • Ventolin Inhaler 2-3 puffs 4x daily PRN • Symbicort 160/45 2 puffs BID • Bacitracin ointment to affected areas BID PRN • Trintellix 20mg 1 tab daily 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that these medications will be transcribed, given and signed on any day at a particular month, another Certified caregiver or responsible person will review and check on a daily basis.</i></p> <p><i>① Ventolin Inhaler 2-3 puffs 4x daily PRN</i></p> <p><i>② Symbicort ¹⁶⁰/₄₅ 2 puffs BID</i></p> <p><i>③ Bacitracin ointment to affected areas BID PRN</i></p> <p><i>④ Trintellix 20 mg. 1 Daily</i></p>	<p><i>Dec. 18, 2019</i></p>

Licensee's/Administrator's Signature: Marilyn Llanos

Print Name: MARILYN LLANOS

Date: Dec. 30, 2019

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